|   |   |                                 |                                |                        |              |                  | Application or Docket Number |                  |                        |          |                              |                        |
|---|---|---------------------------------|--------------------------------|------------------------|--------------|------------------|------------------------------|------------------|------------------------|----------|------------------------------|------------------------|
| PATENT APPLICATION FOE DETERMINATION RECORD  Effective tober 1, 2000  |   |                                 |                                |                        |              |                  |                              |                  |                        |          |                              |                        |
|   |   | CLAIMS A                        | S FILED - PART I<br>(Column 1) |                        | (Column 2)   |                  |                              | SMAL ANTITY TYPE |                        | OR       | OTHER THAN<br>SMALL ENTITY   |                        |
| TOTAL CLAIMS  |   |                                 | ·                              |                        |              |                  |                              | RATE             | FEE                    | 7        | RATE                         | , FEE                  |
| FOR   |   |                                 | NUMBER FILED                   |                        | NUMBER EXTRA |                  |                              | BASIC FEE        | ( )                    | OR       | BASIC FEE                    | A/S/ X                 |
| TOTAL CHARGEABLE CLAIMS   |   |                                 | minus 20=                      |                        | 2            |                  |                              | X\$ 9=           |                        | OR       | X\$18=                       | \$3/0                  |
| INDEPENDENT CLAIMS  |   |                                 | # minus 3 =                    |                        |              |                  |                              | X40=             |                        | OR       | X80=                         | 8 8/)                  |
| M   | JLTIPLE DEPEN   | NDENT CLAIM P                   | RESENT                         |                        |              |                  |                              | +135=            |                        | OR       | +270=                        |                        |
| * If the difference in column 1 is less than zero, enter "0"  |   |                                 |                                |                        |              | column 2         |                              | TOTAL            |                        | OR       | TOTAL                        | 19710                  |
| CLAIMS AS AMENDED - PART II   |   |                                 |                                |                        |              |                  |                              |                  | <del></del>            |          | OTHER                        |                        |
|   | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST   |                                 |                                |                        |              |                  |                              | SMALL            |                        | OR       | SMALL                        | ·                      |
| AMENDMENT A   |   | REMAINING<br>AFTER<br>AMENDMENT |                                | NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA |                              | RATE             | ADDI-<br>TIONAL<br>FEE |          | RATE                         | ADDI-<br>TIONAL<br>FEE |
|   | Total   | . 22                            | Minus                          | 20                     | )<br>/       | =                |                              | X\$ 9=           |                        | OR       | X\$18=                       |                        |
|   | Independent   | +                               | Minus                          | *** 7                  |              | =                |                              | X40=             |                        | OR       | X80=                         |                        |
| L   | FIRST PRESE   | NTATION OF M                    | ULTIPLE DEF                    | PENDENT                | CLAIM        |                  | 1                            | +135=            |                        | OR       | +270=                        |                        |
|   |   |                                 |                                |                        |              |                  | į                            | TOTAL            |                        |          | TOTAL                        |                        |
|   | (Column 1) (Column 2) (Column 3)  |                                 |                                |                        |              |                  | ,                            | ADDIT. FEE       |                        | 10       | ADDIT. FEE                   |                        |
| 8   |   | CLAIMS                          |                                | HIGH                   | EST          |                  | Г                            |                  | ADDI-                  | 1 [      |                              | ADDI-                  |
| AMENDMENT E   |   | REMAINING<br>AFTER<br>AMENDMENT |                                | NUMI<br>PREVIO<br>PAID | DUSLY        | PRESENT<br>EXTRA |                              | RATE             | TIONAL<br>FEE          |          | RATE                         | TIONAL<br>FEE          |
|   | Total   | *                               | Minus                          | **                     |              | =                |                              | X\$ 9=           |                        | OR       | X\$18=                       |                        |
|   | Independent   | *                               | Minus                          | ***                    |              | =                |                              | X40=             |                        | OR       | X80=                         |                        |
| L.  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                 |                                |                        |              |                  | !                            | +135=            |                        | OR       | +270=                        |                        |
| ADD   |   |                                 |                                |                        |              |                  |                              | TOTAL            |                        | L        | TOTAL                        | •                      |
|   |   |                                 |                                |                        |              |                  |                              | ODIT. FEE        |                        |          | ADDIT. FEE                   |                        |
|   |   | (Column 1)<br>CLAIMS            |                                | (Colun                 |              | (Column 3)       |                              |                  | ·                      | r        |                              | 1001                   |
| AMENDMENT C   |   | REMAINING<br>AFTER<br>AMENDMENT |                                | PREVIO<br>PAID I       | USLY         | PRESENT<br>EXTRA |                              | RATE             | ADDI-<br>TIONAL<br>FEE |          | RATE                         | ADDI-<br>TIONAL<br>FEE |
|   | Total   | •                               | Minus                          | **                     |              | =                |                              | X\$ 9=           |                        | OR       | X\$18=                       |                        |
|   | Independent   | *                               | Minus                          | ***                    |              | =                |                              | X40=             |                        | OR       | X80=                         |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                 |                                |                        |              |                  | <br> -                       | +135=            |                        | OR       | +270=                        |                        |
| • [   | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                                 |                                |                        |              |                  |                              |                  |                        | CD L     | TOTAL                        |                        |
| ***If the "Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1. |   |                                 |                                |                        |              |                  |                              |                  |                        |          | DDIT. FEE <b>l</b><br>ımn 1. |                        |
|   |   |                                 | (                              |                        | ,            |                  |                              | ια πι απο αμμ    | . Jpiiale DUX          | . mr wit |                              |                        |